

**Division of Developmental Disabilities
Office of Quality Improvement
Day Program Review Tool**

IV SUPPORTED EMPLOYMENT

Agency: _____
Contact: _____
Phone: _____

Site: _____
Address: _____

INDIVIDUAL RECORD						
Client Initials~	Y/N/NA					COMMENTS
IHP						
Vocational Assessment (aka: vocational profile)						
Discrepancy Analysis Coversheet						
Discrepancy Analysis Form						
Monthly Contact						
Semi-Annual Review of the IHP						
Referral to DVRS/CBVI						
Response from DVRS/CBVI re: resources availability						
Individual Progress Notes						
Semi-Annual Progress Report						
Annual Physical						

EMPLOYER FILE			
Identifies specific jobs available and documents essential functions	Y/N/NA		COMMENTS
Job Evaluation Tool/Job Site Analysis			
Job Development Contact Log			

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ADMINISTRATIVE				
	Y/N/NA			COMMENTS
DVRS Vendorship				
Annual Satisfaction Survey				
SE Monthly Data Report				

Revised 8/5/03